

Client Information Form: Referral to Community Partner

For Use by any Community Service Agency in Waterloo and Wellington

Client Information:

Client's Name:	Email:
Address:	Telephone:
Date of Referral:	
<input type="checkbox"/> Client has given their permission to share their contact information.	
<input type="checkbox"/> Client has given their permission to share other personal information attached.	
Reason for Referral: Modular Program in <input type="checkbox"/> Kitchener <input type="checkbox"/> Cambridge	
<input type="checkbox"/> Computer <input type="checkbox"/> Customer Service & POS <input type="checkbox"/> Writing <input type="checkbox"/> Grammar	
Northstar Digital Certificate Testing	

Referring To:

Name of Organization and Program: The Literacy Group	
Contact Name: John Stackhouse	Email: john@theliteracygroup.com
Agency Address: <input type="checkbox"/> 40 Ainslie St. S, Cambridge <input type="checkbox"/> 300 Victoria St. N, Kitchener	Telephone: 519-621-7993 ext. 227

Referring from:

Name of Organization:	
Contact Name:	Email:
Address:	Telephone:

Client consent to share contact and/or personal information:

I _____ give permission to _____
to share my information with TLG.

This information will be kept private and strictly confidential.

Client Signature: _____ Date: _____

Witness Signature: _____

Follow-up Requested by Referring Agency:

- Please let me know when the Client makes contact.
- Please contact me with the actions taken as a result of the referral, e.g. assessment completed, registered in an LBS program.
- No need for follow-up contact.